

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/510936**

FILING DATE

APPLICANT(S)

12/29/04

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1-		1-		
3		1-		1-		
4		2		2		
5		1-		1-		
6		1-		1-		
7		1-		1-		
8		1-		1-		
9		1-		1-		
10		1-		1-		
11		1-		1-		
12		1-		1-		
13		1-		1-		
14		1-		1-		
15		1-		1-		
16		1-		1-		
17		2		1-		
18		1-		1-		
19		1-		1-		
20	1		1			
21		1-		1-		
22		1-		1-		
23		1-		1-		
24		1-		4-		
25		1-		1-		
26		1-		1-		
27		1-		1-		
28		1-		1-		
29		1-		1-		
30		1-		1-		
31		1-		1-		
32		2		1-		
33	1		1			
34		1-		1-		
35		2		2		
36		1-		1-		
37	1		1			
38		1-		1-		
39	1		1			
40	1					
41	1					
42	1					
43						
44						
45						
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48						
49						
50						
TOTAL IND.	8		5			
TOTAL DEP.	38		39			
TOTAL CLAIMS	46		44			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						